## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10647694

CLAIMS AS FILED - PART I (Column 1)						(Column 2) SMALL ENTITY			NTITY	OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS 3							RA	TE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASI	FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			3 minus 20=		* 0		X\$	9=		OR	X\$18=	
INDEPENDENT CLAIMS			1 2	minus 3 =		* 0		2=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT							+14	0=		OR	+280=	
* If the difference in column 1 is less than zero, enter					"0" in c	olumn 2	TO	ΓAL		OR	TOTAL	750
CLAIMS AS AMENDED - PART (Column 1) (Colum						(Column 3)	SM	ALL	ENTITY	or	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER OUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$	9= .		OR	X\$18=	
	Independent	*	Minus	***	CL AIRA	=	X4	2=		OR	X84=	
-	FIRST PRESE	NTATION OF MI	ULTIPLE DEI	PENDENT	CLAIM		+14	0=		OR	+280=	£)
								OTAL FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)											ADDII. 1 EE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*.	Minus	**		<b>±</b>	X\$	9=		OR	X\$18=	
AME	Independent	*	Minus	Minus *** TIPLE DEPENDENT CLAI		=	X42=			OR	X84=	
	THIOT THEOL	INTATION OF IM	JETIPLE DEF	LINDENT	CLAIM		+14	0=		OR	+280≃	
							ADDIT	DTAL		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3												*
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	, 4	=	X\$	9=		OR	X\$18=	
	Independent	*	Minus	***		=	X4:	2=	,		X84=	
	FIRST PRESE	NTATION OF M	JLTIPLE DEPENDENT		CLAIM					OR		
*	If the entry in colu	ımn 1 is less than t	ne entry in colu	ımn 2. write	e"0" in co	lumn 3.	+14		*	OR	+280≈	
** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE	
		nber Previously Pa					found in t	he apı	propriate box	x in co	lumn 1.	

glass significant